Fill in this information to identify your case:					
Debtor 1	Gene Ross Clardy				
Debtor 2 (Spouse, if filing)					
United States E	Bankruptcy Court for the: Southern District of Mississippi				
Case number (if known)					

Check as directed in lines 17 and 21:						
1	According to the calculations required by this Statement:					
	1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3).					
	Disposable income is determined under 11 U.S.C. § 1325(b)(3).					
	3. The commitment period is 3 years.					
	4. The commitment period is 5 years.					

☐ Check if this is an amended filing

## Official Form 122C-1

# **Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period**

10/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

Part	1:	Calculate Your Average Monthly Income							
1.	Wha	t is your marital and filing status? Check one o	nly.						
	■ N	ot married. Fill out Column A, lines 2-11.							
	□м	larried. Fill out both Columns A and B, lines 2-11.							
10 the	1(10A e 6 mo	he average monthly income that you received from all a). For example, if you are filing on September 15, the 6-norths, add the income for all 6 months and divide the total own the same rental property, put the income from that	month perio	od would in the re	be March 1 throsult. Do not inclu	ough August 3 <sup>o</sup> ude any incom	<ol> <li>If the am amount m</li> </ol>	ount of your monthly income nore than once. For example	e varied during e, if both
						Column A Debtor 1		Column B Debtor 2 or non-filing spouse	
2.		r gross wages, salary, tips, bonuses, overtime, oll deductions).	, and con	nmissi	ons (before all	\$	0.00	\$	
3.	<ol> <li>Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.</li> </ol>			\$	0.00	\$			
	of your	mounts from any source which are regularly pour or your dependents, including child support an unmarried partner, members of your household roommates. Do not include payments from a spoundated on line 3.	<b>t.</b> Include ld, your de	regula: epende	contributions nts, parents,	\$	0.00	\$	
5.		ncome from operating a business, ession, or farm	Debtor 1						
	Gros	s receipts (before all deductions)	\$	0.00					
	Ordir	nary and necessary operating expenses	-\$	0.00					
	Net n	monthly income from a business, profession, or fa	rm \$	0.00	Copy here -:	>\$	0.00	\$	
6.	Net i	ncome from rental and other real property	Debtor 1						
	Gros	s receipts (before all deductions)	\$	0.00					
	Ordir	nary and necessary operating expenses	-\$	0.00					
	Net n	monthly income from rental or other real property	\$	0.00	Copy here -:	> \$	0.00	\$	

Case number (if known)

					Column A Debtor 1		Column B Debtor 2 or non-filing s	pouse	
7.	Interest. c	lividends, and royalties			\$	0.00	\$		
		ment compensation			\$	0.00	\$		
	the Social	er the amount if you contend that the amo Security Act. Instead, list it here:		it under					
	For you	r spouse	\$0.0	00_					
	For you	spouse	\$						
9.	benefit und not include United Sta disability, of pay paid undoes not e	or retirement income. Do not include any der the Social Security Act. Also, except a seany compensation, pension, pay, annuity tes Government in connection with a disa or death of a member of the uniformed sender chapter 61 of title 10, then include the xceed the amount of retired pay to which ander any provision of title 10 other than chapter 61.	s stated in the next senter y, or allowance paid by the bility, combat-related injur rvices. If you received any lat pay only to the extent the you would otherwise be el	nce, do e ry or retired hat it	\$	0.00	\$		
10.	Do not inc received a domestic t United Sta disability, o	om all other sources not listed above. Inde any benefits received under the Social a victim of a war crime, a crime against errorism; or compensation, pension, pay, tes Government in connection with a disator death of a member of the uniformed self a separate page and put the total below.	al Security Act; payments humanity, or international annuity, or allowance paic bility, combat-related injur rvices. If necessary, list otl	or d by the ry or					
	_				\$	0.00	\$		
					\$	0.00	\$		
	Т	otal amounts from separate pages, if any.		+	\$	0.00	\$		
11.		your total average monthly income. Adnn. Then add the total for Column A to the		\$	0.00	+ \$_			0.00
art	2: Det	ermine How to Measure Your Deductio	ons from Income						nly income
12. 13.	Copy you Calculate	r total average monthly income from lir the marital adjustment. Check one:	ne 11					\$	0.00
	■ You a	are not married. Fill in 0 below.							
	☐ You a	are married and your spouse is filing with y	you. Fill in 0 below.						
	☐ You a Fill in depe	are married and your spouse is not filing w the amount of the income listed in line 11 indents, such as payment of the spouse's	vith you. , Column B, that was NOT tax liability or the spouse's	suppor	t of someone	other th	an you or your	dependen	ts.
		<ul> <li>specify the basis for excluding this incomments on a separate page.</li> </ul>	me and the amount of inco	ome dev	oted to each	purpose	. If necessary, I	ist addition	nal
	If this	adjustment does not apply, enter 0 below	<i>I</i> .						
				\$		_			
				• • · · · · · · · · · · · · · · · · · ·		_			
				<del>-</del> >					
		Total		\$	0.00	<u> </u>	py here=>		0.00
14.	Your cur	rent monthly income. Subtract line 13 for	rom line 12.					\$	0.00
15.	Calculate	e your current monthly income for the	year. Follow these steps:						
		pv line 14 here=>	•					\$	0.00

**Gene Ross Clardy** 

Debtor 1

Debto	r 1	Gene	e Ross Clardy		Case number (if known)	
		Mu	ltiply line 15a by 12 (the number of months in	າ a year).		<b>x</b> 12
	15b. The result is your current monthly income for the year for this par				form	\$
16.	Calc	ulate	the median family income that applies to	you. Follow these steps:	_	
	16a.	Fill in	the state in which you live.	MS		
	16b.	Fill in	the number of people in your household.	1		
	16c.		the median family income for your state and			<b>\$</b> 52,797.00
17		instru	d a list of applicable median income amounts ctions for this form. This list may also be ava the lines compare?			
.,.	17a.	_	Line 15b is less than or equal to line 16c. (	On the top of page 1 of th	nis form, check hox 1. Disposable incor	me is not determined unde
	174.		11 U.S.C. § 1325(b)(3). <b>Go to Part 3.</b> Do N			
	17b.		Line 15b is more than line 16c. On the top 1325(b)(3). <b>Go to Part 3 and fill out Calc</b> your current monthly income from line 14 a	ulation of Your Disposa		
Part	3:	Cal	culate Your Commitment Period Under 11	U.S.C. § 1325(b)(4)		
18.	Сор	y you	r total average monthly income from line 1	i1.		\$ 0.00
	spou 19a.	end thanks ise's ir	e marital adjustment if it applies. If you are at calculating the commitment period under the come, copy the amount from line 13.  marital adjustment does not apply, fill in 0 on a cact line 19a from line 18.	11 U.S.C. § 1325(b)(4) al	lows you to deduct part of your	-\$ <u>0.00</u> \$ <u>0.00</u>
20.	Calc	ulate	your current monthly income for the year.			0.00
	20a.	Сору	line 19b			\$
		Multip	oly by 12 (the number of months in a year).			<b>x</b> 12
	20b.	The re	esult is your current monthly income for the y	ear for this part of the for	rm	\$
	20c.	Сору	the median family income for your state and	size of household from li	ine 16c	\$52,797.00
	21.	How	do the lines compare?			
			Line 20b is less than line 20c. Unless otherwiperiod is 3 years. Go to Part 4.	ise ordered by the court,	on the top of page 1 of this form, check	k box 3, The commitment
			Line 20b is more than or equal to line 20c. Ur commitment period is 5 years. Go to Part 4.	nless otherwise ordered t	by the court, on the top of page 1 of this	s form, check box 4, The
	By s	igning <b>Gene</b>	n Below here, under penalty of perjury I declare that Ross Clardy oss Clardy	the information on this st	atement and in any attachments is true	and correct.
	Sig	nature	of Debtor 1			
	Date		<b>/ 3, 2025</b> / DD / YYYY			
	If yo		ked 17a, do NOT fill out or file Form 122C-2.			
	If yo	u chec	ked 17b, fill out Form 122C-2 and file it with	this form. On line 39 of th	nat form, copy your current monthly inc	ome from line 14 above.

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Debtor 1	Gene Ross Clardy	Case number (if known)	
Jenioi i	Gene 11033 Clardy	Case number (ii known)	

Debtor 1	Gene Ross Clardy	Case number (if known)
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## **Current Monthly Income Details for the Debtor**

#### **Debtor Income Details:**

Income for the Period 01/01/2025 to 06/30/2025.

Non-CMI - VA Income

Source of Income: VA Disability

Constant income of \$4,288.45 per month.

### Non-CMI - Social Security Act Income

Source of Income: SSI

Constant income of \$1,469.00 per month.